State of Idaho
Idaho Division of Medicaid

Idaho Annual Children's Health Insurance Program Report FFY 1998

May 10, 1999
Revised

May 11, 1999

Terry Trimble
Associate Regional Administrator
Division of Medicaid and State Operations
2201 6th Avenue M/S RX-43
Seattle, WA 98121

Dear Mr. Trimble:

Attached is the revised State of Idaho's Annual Children's Health Insurance Program Report for Federal fiscal year 1998. As we communicated in our previous submission, some of the data elements for certain measurements were not available at the time the original report was submitted. The difficulty in data collection was due to limitations we discovered in the reporting functions outside of the routine MMIS reporting. Also, when the original indicators were developed, the State planned to gather and report HEDIS data. Upon further study, it was decided not to pursue HEDIS reporting, at this time. This has caused the State to gather much of the CHIP data from ad-hoc reports since many of the CHIP indicators were planned to become a routine HEDIS report. Within our limitations of ad-hoc reporting, we have attempted to gather data as close to our original plan as possible.

In order to expedite this report, we are sending the indicators that were excluded in our previous submission with the exception of the asthma and data. The asthma and provider to enrollee ratio data will follow upon completion. As with all new programs, we will continue to evaluate and refine our processes. Please do not hesitate to contact me at (208) 334-5747 if you have any questions.

Sincerely,

JOSEPH R. BRUNSON
Administrator

JRB/DM/bdr

cc: Liz Trias, HCFA, Region X
DeeAnne Moore, Bureau Chief, Medicaid Programs
Section 1
Executive Summary

The Idaho Department of Health and Welfare began enrolling new participants into the Idaho Children's Health Insurance Program (CHIP) on October 1, 1997. On June 15, 1998, the Health Care Financing Administration (HCFA) approved Idaho's State Child Health Plan to implement the Children's Health Insurance Program as a Medicaid expansion retroactive to October 1, 1997.

Initially, the Children's Health Insurance Program covered eligible children in households with income at or below 160 percent of the Federal poverty level. Age eligibility changed to include all children through age 18 who met the income eligibility criteria. Previously, Idaho Medicaid covered all children through the age of 18, and born after September 30, 1983, with household incomes through 100 percent of the Federal poverty level, children whose age is less than the age of six with household incomes through 133 percent of the Federal poverty level, and pregnant women with incomes through 133 percent of the Federal poverty level, qualified for health insurance through the Idaho Medicaid program. During the 1998 legislative session, the Idaho Legislature made a decision to change the income eligibility level for the Children's Health Insurance Program to 150 percent of the Federal poverty level from the initial 160 percent. That change took effect on July 1, 1998. As of September 1998, there were 2,831 children participating in Idaho's Children's Health Insurance Program.

This FFY 1998 Annual Report presents quantitative and descriptive information to HCFA on the Idaho Children's Health Insurance Program from its inception in October 1997 to September 30, 1998.

Section 2

FY 1998 Annual Report

A. State Plan Operation Information

Overview

The State of Idaho provides Title XXI services under a Medicaid expansion program and began enrolling participants on October 1, 1997. The Idaho Children's Health Insurance Program is available to all children up to age 19 in families with incomes through 150 percent of the Federal poverty level and who are not covered by any other health insurance. During the 1998 legislative session, the Idaho Legislature made the decision to change the income eligibility level for the Children's Health Insurance Program to 150

percent of the Federal poverty level from the initial 160 percent. This change took effect on July 1, 1998.

The Idaho Children's Health Insurance Program is administered by the Division of Medicaid within the Idaho Department of Health and Welfare. The current Medicaid outreach, benefits and delivery systems are utilized to deliver services to the expansion population. The standard Medicaid benefits package is offered to those participating in Children's Health Insurance Program and includes the following services: inpatient and outpatient hospital, inpatient psychiatric, physician, dental, other practitioners, clinic, home health, family planning, lab and x-ray, prescriptions, and Early and Periodic Screening, Diagnosis, and Treatment. There are no premiums or cost sharing for enrollees in the Idaho Children's Health Insurance Program.

The Department utilizes existing Medicaid relationships and networks within the community in its outreach efforts. Outreach activities are conducted through joint efforts between Regional/local offices and stakeholders. Primary targets for reaching eligible children have included sending information to participants and clients associated with the Head Start Program, the seven District Health Departments, School Districts and other Medicaid related programs. The following table represents examples of outreach efforts that have been used.

Children's Health Insurance Program Outreach Activities October 1997-Present

Children's Health Insurance Program Outreach Activities

Information postcards describing Children's Health Insurance Program distributed to child care providers

DHW staff-provided education to health providers and social workers

Education for Head Start staff

Education for Idaho Migrant Council

Education for school nurses

Public Service Announcements

Newspaper advertisements

Radio advertisements

Information packets to schools

Information booths at resource fairs

Applications for the Children's Health Insurance Program are available in public places such as Department of Health and Welfare offices, county offices, pharmacies, and hospitals. Children's Health Insurance Program enrollment occurs at a Department of Health and Welfare office. Offices are available to applicants during normal business hours. Some offices schedule extended business hours on certain days. Regional offices report that applicants may request appointments after hours. There are 32 DHW offices located across the state and the enrollment process is similar for all offices. Idaho State Law requires that people seeking State or County assistance must utilize a common application form and require the same verifications. Applications are screened for Medicaid eligibility before determining eligibility for the Children's Health Insurance Program.

A Director's task force was assembled in April 1998, and consisted of 22 stakeholders to study the Children's Health Insurance Program and make recommendations for the long-term program design. The task force presented its recommendations to former Director Linda Caballero in November 1998 and proposed the Children's Health Insurance Program become a private voucher based system administered by the State. Since the recommendations were made, there has been a change in administration. The State has both a new governor and Director of the Department of Health and Welfare and no decision has been made concerning the adoption of the task force recommendations.

Estimated Number of Uninsured Children in Idaho

According to Idaho Kids Count data, during 1997, there were approximately 202,500 children ages 0-17 living in Idaho households earning incomes at or below 200 percent of the Federal poverty level. Approximately 36,297 (17.9 percent) of those children were not covered by any form of health insurance during 1997. During 1998 there were approximately 177,000 children ages 0-18 living in households earning incomes at or below 200 percent of the Federal poverty level. Approximately 38,000 (21 percent) of those children were not covered by any form of health insurance during 1998.

It should be noted that data collection methods between 1997 and 1998 have changed. During 1997, 18 year-olds were not included in the data sample as they were in 1998. The data sample used for 1998, including children 18 years of age, reflects the correct age range for the Children's Health Insurance Program. Therefore, it is difficult to make a direct comparison between the data because of the change in sample demography between 1997 and 1998. Future data collection will include 18 year-olds and trends will more accurately represent the Children's Health Insurance Program population.

Progress in Reducing the Number of Uncovered, Low-Income Children

There has been progress in decreasing the number of uncovered low-income Idaho children. Utilizing the benefits of the Medicaid expansion model of screening children for both Children's Health Insurance Program and Medicaid eligibility has allowed children who may not meet Medicaid eligibility requirements to be enrolled in the Children's Health Insurance Program. In addition, these outreach efforts have resulted in an increase

in the number of children being covered by Medicaid, who do not qualify for Children's Health Insurance Program, but do qualify for Medicaid. In September 1997, there were 41,212 children enrolled in Medicaid. The number of children enrolled in September 1998 was 43,860 – an increase of 2,648. Since October 1, 1997, a combination of the Idaho Medicaid and the Children" Health Insurance Program have enrolled an additional 5,479 low-income Idaho children than were covered by the Medicaid program alone prior to the implementation of the Children's Health Insurance Program.

Barriers to Effective Implementation of Idaho Children's Health Insurance Program

Since Idaho implemented the Children's Health Insurance Program as a Medicaid expansion, barriers associated with the program design and planning aspects were few. The use of the existing Medicaid program infrastructure for outreach and enrollment facilitated the implementation of the Children's Health Insurance Program expansion, and design issues were minimal.

Some barriers were identified, however, in the Department's deliberations regarding the initial decision to make the Idaho Children's Health Insurance Program a Medicaid expansion versus a separate program. These include the concern that the Children's Health Insurance Program legislation restricts government employees and their families from being eligible for Children's Health Insurance Program, unless it is developed as a Medicaid expansion. The Task Force feels strongly that public employees whose income qualifies them for Children's Health Insurance Program should be able to participate in this State program for children.

An additional State concern for the development of a separate Children's Health Insurance Program is the limitation on administrative costs as a percentage of total expenditures. The legislation that administrative costs will be reimbursed at the Title XXI administrative match rate at or below 10 percent of the total expenditures. While this ratio may be an appropriate standard for an ongoing program, many states including Idaho have experienced difficulty in keeping within this limit during start-up.

As part of the Department's approach to addressing these issues, the Children's Health Insurance Program Task Force considered the feasibility of developing a Children's Health Insurance Program that is independent of Medicaid, maintain the existing Medicaid expansion model, or a combination program. During the deliberations, the task force reviewed information that was compiled about the current Children's Health Insurance Program Medicaid-expansion program, such as perceptions about barriers to the Medicaid Children's Health Insurance Program enrollment processes and outreach methods and activities throughout the different regions of the State. The task force Chair presented the group's final recommendations on program design and benefits for the Children's Health Insurance Program in November 1998.

Need for Additional Technical Assistance

HCFA representatives in Region X and the central office have been helpful and available in addressing questions from the Department regarding the Children's Health Insurance Program. The Question and Answer sets and letters from the HCFA Administrator have been an effective way to provide clarification on technical, administrative, implementation, coverage, and financial issues to states.

The Department would like assistance from HCFA for ways to separate outreach expenditures from the 10 percent limit for the Title XXI Children's Health Insurance Program federal match percentage. As mentioned above, the ten percent limit for administrative costs in this category is perceived as a barrier to Children's Health Insurance Program development, for Idaho, as well as other states. Outreach activities can play a large role in reducing the number of uninsured children, and reaching out to eligible children and their families.

Idaho Children's Health Insurance Program Goals and Measures

The following table illustrates the strategic objectives, performance goals, performance measures, data elements, baseline metirc and results for FFY 1998. Some of the data proposed to be reported on in the Initial State Child Health Plan is not available at this time. Some of the measures have been estimated using alternate data elements in an attempt to gather and report information that is both meaningful and accurate. Where changes have been made, the rationale for the change is noted.

A. Enrollment

Strategic Objectives	Performance Goals	Performance Measures	Data Elements	Baseline Metric	FFY 1998 Results
Develop a system to successfully identify eligibles. Contact and enroll potential eligibles in health benefits program.	65% of uninsured children in families with incomes up to 150% of the Federal poverty level will have health benefits coverage as of 9/30/98.	The percentage of eligible beneficiaries enrolled in a health insurance program as of 9/30/98 compared to eligible beneficiaries enrolled as of 9/30/97.	Total eligible beneficiaries enrolled/total eligible	0	2,831 enrolled. 50% of estimated Children's Health Insurance Program eligible children were enrolled in program.

B. Outreach, Education, Enrollment

Strategic Objectives	Performance Goals	Performance Measures	Data Elements	Baseline Metric	Strategic Objectives
Develop an infrastructure to support enrollment for access to health care services for potential beneficiaries, particularly in sparsely populated areas.	There will be a coordinated network of outreach, education, and enrollment sites in all counties to facilitate enrollment and access to health services.	The number of outreach, education, and enrollment sites in place in counties on 9/30/97 compared to the number of sites in operation on 9/30/98.	Outreach, education, enrollment sites ---------- *Number in each county *Change per county *Change overall	32 field offices ---------- *.73 sites per county	32 field offices ---------- *.73 sites per county *no change per county *no overall change

Rationale for Measure B

This number has not changed since implementation of the program. Currently, the Children's Health Insurance Program is a Medicaid expansion program and utilizes existing Medicaid enrollment sites. Plans were made to contract with Federal Qualified Health Centers to provide education and enrollment services in FFY 1998. This contract became effective December 1998.

C. Access

Strategic Objectives	Performance Goals	Performance Measures	Data Elements	Baseline Metric	Strategic Objectives
Provide access to health benefits for children enrolled in the expanded Medicaid child health program.	Child health program beneficiaries will have access (within 30 miles for urban areas and within 60 miles for rural areas) to one or more qualified	Provider-to-beneficiary ratios measured for each region and county on 9/30/98; ratio should be 1:1253 or less Average travel	Provider-to beneficiary ratio using ARC View Geographical Information System (Idaho AIM MMIS feature) Capabiliti	Data not available ---------- Data not available	Data not available ---------- 55% traveled 0-5 miles 33% traveled 6-20 miles

	health care providers by 9/30/98.	time between beneficiaries in urban and rural areas at year-end 1998 measured by recipient surveys or GIS analysis.	state, region, county, and zip code ---------- - Average travel time: Recipient surveys measured as an average from several standard geographic locations to provider sites within a defined geographic area.		6-20 miles 8% traveled 21-30 miles 4% traveled >30 miles

Rationale for Measure C

The Geographical Information System that is needed for this data indicator has not been implemented. However, an ad-hoc report requesting a ratio of primary care and dental providers to CHIP enrollees has been ordered and is pending. As an alternate measurement, for average travel time, the Healthy Connections Program asked the survey question, "How far do you have to travel (one way) to see your primary care physician?" The responses indicating travel greater than 30 miles were further examined and 60 percent of the respondents indicated the travel was made by choice and 40 percent indicated it was the distance to the closest office.

D. Comprehensive Health Benefits: Office Visits

Strategic Objectives	Performance Goals	Performance Measures	Data Elements	Baseline Metric	Strategic Objectives
Provide comprehensive health benefits to beneficiaries enrolled in the	Child health program beneficiaries will have consistent and periodic care	Rate of office visits for child health program enrollees compared to rate for regular	HEDIS 3.0 access/availability of care: Continuously enrolled for 12	(HEDIS data not available)	(HEDIS data not available) ----------

Medicaid child health program.	delivered by a qualified health care provider by 1/1/2000.	Medicaid enrollees as of 9/30/98.	mo.; with @ break for @ 45 days; with @1 visit in current year or previous year ---------- Primary care visits 12 mo. - 24 mo. 25 mo. - 6 yr. 7 yr. - 11 yr. 12 yr. - 19 yr. (not included in HEDIS 3.0)	---------- 1997 office visits per year: <1 = 1.70 25 mo-6 yr = 0.52 7yr-11yr = 0.62 12yr-19yr = 0.64	--- CHIP office visits per year: <1 = 0.96 25 mo-6 yr = 0.40 7yr-11yr = 0.33 12yr-19yr = 0.37 Non-CHIP office visits per year: <1 = 2.18 25 mo-6 yr = 0.90 7yr-11yr = 0.69 12yr-19yr = 0.67

Rationale for Measure D

The HEDIS indicators are not reported because the State has opted to not gather HEDIS information. The data reported were gathered from an ad-hoc report and reflect the rate of office visits for child health program enrollees compared to the rate for regular Medicaid enrollees.

E. Immunizations

Strategic Objectives	Performance Goals	Performance Measures	Data Elements	Baseline Metric	Strategic Objectives
Provide quality health	90% of enrolled children will	Percentage of children in child health plan who	HEDIS 3.0 Childhood Immunization	Not applicable	Not applicable

coverage to Medicaid child health program enrollees. For the purpose of this objective, quality is defined as meeting or exceeding the benchmark coverage described in the 1997 Balanced Budget Act.	date age-appropriate vaccinations	age-appropriate vaccinations	Measure HEDIS 3.0 Adolescent Immunization Status Measure Revised Data Elements 1997 NIS data WIC Immunization levels	---------- 4:3:1 coverage for children 19-35 months of age 72% ---------- Survey not conducted in 1997	---------- 4:3:1 coverage for children 19-35 months of age 79% ----------*1998 information released Spring 1999

Rationale for Measure E

Gathering complete and accurate immunization information is a challenging task because Idaho does not have a centralized immunization registry in which a child's complete immunization history resides. The data source used to monitor this measure has been changed. HEDIS 3.0 parameters gathered by the Medicaid Management Information System (MMIS) will not give an accurate report of the population's immunization status because only immunizations which are billed to Medicaid or the Children's Health Insurance Program are tracked by the MMIS. Thus, if a child moves from another state or is new to the program, and receives the last set of immunizations, only one series of shots will be "counted." The State has decided to use the Centers for Disease Control and Prevention, National Immunization Survey, to monitor immunizations. The National Immunization Survey is conducted annually and for purposes of the report appears to be a reliable measure. The National Immunization Survey reflects the immunization status of the State's population of two-year-olds, and does not carve out Children's Health Insurance Program or Medicaid specific statistics. A second data set, which will be used to approximate the immunization status of the Children's Health Insurance Program population, is Women, Infants and Children (WIC) immunization levels. The 1998 Women, Infants and Children data will be available in Spring 1999. Monitoring both the general population and WIC immunization data will give a more accurate picture of immunization rates for the targeted population than could be captured from the Medicaid claims system.

F. Preventive Care: Well Child Visits

Strategic Objectives	Performance Goals	Performance Measures	Data Elements	Baseline Metric	Strategic Objectives
Provide a systematic continuum of care for children enrolled in the Medicaid child health program.	Eligible children enrolled in the program will have received up-to-date and appropriate preventive care as of 9/30/98. Children who receive referrals for care visit the referral provider.	Percentage of children who have completed age-appropriate well-child visits by 9/30/98. Percentage of children with claims submitted by referral providers.	HEDIS 3.0 Well-Child visits in the first 15 months of life HEDIS 3.0 Well-Child visits in the third, fourth, fifth, and sixth years of life HEDIS 3.0 Adolescent Well-Care visits (only ages 12-19) Using Ad hoc report from claims/contract data as provided by the Idaho AIM MMIS	1997 percentage of children completing well-child visits: 0-15 mos = 22% 3 yrs=9% 4 yrs=10% 5 yrs=11% 6 yrs=3% 12+yrs=8%	CHIP percentage of children completing well-child visits: 0-15 mos = 17% 3 yrs=5% 4 yrs=6% 5 yrs=1% 6 yrs=0 12+yrs=4% Non-CHIP percentage of children completing well-child visits: 0-15 mos = 28% 3 yrs=11% 4 yrs=12% 5 yrs=13% 6 yrs=3% 12+yrs=8%

Rationale for Measure F

The HEDIS indicators are not reported because the State has opted to not gather HEDIS information. Thus, information about claims submitted by referral providers was not gathered. The data reported in the above table were gathered from an ad-hoc report and reflect the percentage of children who have completed age-appropriate well-child visits.

G. Foster Establishment of a “Medical Home”

Strategic Objectives	Performance Goals	Performance Measures	Data Elements	Baseline Metric	Strategic Objectives
Foster the establishment of a “medical home” for children enrolled in the Medicaid child health plan who choose to participate in Healthy Connections.	The rate of emergency room visits will be within 5% of the rate of visits for other children enrolled in Medicaid Healthy Connections. Pediatric asthma cases will be diagnosed and treated in a preventive manner.	Rate of emergency room visits compared to the control group Hospitalization rates for asthma measured and compared to national norms	Ad hoc report from claims/contract data as provided by the Idaho AIM MMIS using general population rate as a reference point Ad hoc report from claims/contract data as provided by Idaho AIM MMIS	1997 rate of ED visits per year: 0-15 mos=0.43 3 yrs=0.29 4 yrs=0.22 5 yrs=0.21 6 yrs=0.17 12+yrs=0.24 ---------- --	CHIP rate of ED visits per year: 0-15 mos=0.2 3 yrs=0.09 4 yrs=0.05 5 yrs=0.07 6 yrs=0.08 12+yrs=0.12 Non-CHIP rate of ED visits per year: 0-15 mos=0.46 3 yrs=0.25 4 yrs=0.24 5 yrs=0.21 6 yrs=0.18 12+yrs=0.21 ---------- --

Rationale for Measure G

Emergency Department visits and hospitalizations were determined from Medicaid claims. For all age groups, the rate of ED visits was lower for CHIP children than the comparison group of non-CHIP children. The rate of ED visits for all CHIP children was

60 percent lower than the rate of ED visits for non-CHIP children. This difference exceeds the five percent goal.

B. Quarterly Financial and Statistical Data

In accordance with the direction provided by HCFA, the State previously provided financial information for the period after approval of the State Child Health Plan for the Quarter ending September 30, 1998. Attached is the HCFA form 21E information for the Idaho Children's Health Insurance Program for the Quarter ending September 30, 1998.

C. Additional Program Indicator Data

The State of Idaho conducted an evaluation of the process and procedures applicants' experience when applying for Medicaid as it relates to the Children's Health Insurance Program (Children's Health Insurance Program). The focus of the project was to identify any perceived or real barriers to enrollment and to explore outreach methods and activities throughout the State. Suggestions were solicited for ways to improve the enrollment processes and to publicize the Children's Health Insurance Program. These process interviews were conducted in each of the seven regions of the state and included stakeholders from the following areas: district health departments, county welfare offices, Head Start, the Idaho Migrant Council, Child Development Centers, the South Eastern Idaho Community Action Council, regional medical centers, hospitals, clinics, physician offices, and applicants.

The general areas that were targeted for study included:

Personal reasons or perceptions for not applying

Amount of paperwork

Accessibility of enrollment sites

Lack of knowledge about the program and its eligibility requirements

Concerns about immigration status

Task force advisors used the results of this study to identify and recommend more effective outreach methods and enrollment processes.

D. Baseline Estimates of the Number of Uninsured Children

During 1998 there were approximately 177,000 children ages 0-18 living in households earning incomes at or below 200 percent of the Federal poverty level. Approximately 38,000 (21 percent) of those children were not covered by any form of health insurance during 1998.